



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

EMS Certification & Licensing Group

Cash Receipts Branch, MC 2003

P.O. Box 149347

Austin, Texas 78714-9347

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DAVID L. LAKEY, M.D.
COMMISSIONER

SKILLS PROFICIENCY FORM

All information given on this form is considered public record, with exception of social security number*. Candidate should submit this form with the recertification application.

* Disclosure of your social security number is mandatory under Family Code, Chapter 232

PLEASE CHECK THE LEVEL OF SKILL PERFORMED.

Basic Skills Proficiency Verification for ECA shall consist of:

- Bandaging and Splinting
- Mechanical Aids to Breath
- Spinal Immobilization
- Traction Splinting
- Physical Assessment of Patient
- CPR

IN ADDITION TO THE ABOVE, EMT (1994 Curriculum) Skills Proficiency Verification shall consist of:

- Epinephrine Auto-Injector
- Bronchodilator Administration
- Cardiac Arrest Management/AED
- Pneumatic Anti-shock Garment

IN ADDITION TO THE ABOVE, EMT-I Skills Proficiency Verification shall consist

- Peripheral Venipuncture
- Adult Endotracheal Intubation
- Esophageal Intubation
- Infant Endotracheal Intubation

IN ADDITION TO THE ABOVE, EMT-P Skills Proficiency Verification shall consist of:

- Drug Administration
- Defibrillation/Cardioversion
- Megacode

Candidate's Last Name

First

Social Security or EMS ID #

***** TO BE FILLED OUT BY A TEXAS CERTIFIED EMS COORDINATOR *****

I verify that the proficiency of the candidate has been examined and verified as competent in the application of all required skills.

I understand that by signing this document I am attesting that all of the information on this document is true and correct. I also understand that the DSHS will take action against my EMS certification(s) if the information submitted is found to have been falsified.

EMS Coordinator Signature: _____

Date

Print Coordinator Last Name, First Name, M.I.

Coordinator EMS ID Number

Program Telephone Number

Program Fax Number